U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER	111
Nathaniel Gold	TYPE OF PROCESS	HMH-JR.
Otc. Richard Murphy	THE OF PROCESS	\sim
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR OFFICE RICHARD MURPHY St. M.	\sim 111 \sim 01	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT 1813 Bridge- St St-Matthews	,50 29135	•
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	I Number of process to be served with this Form - 285	
Nathaniel Cold Orangeburg - Calhoun Reg. Dent. Center Po. Box 9000	Number of parties to be	
P.O. BOX 9000 	Served in this case Check for service	
	on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING Telephone Numbers, and Estimated Times Available For Service):	SERVICE (Include Business and Altern	
Fold	-	Fold
		-
	• • •	
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER DA	ATE
Nathaniel Holf Defendant		4-28-11
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO	NOT WRITE BELOW	THIS LINE
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) Total Process District of Origin Total Process No.	SMS Deputy or Clerk	Date 5/21/1
I hereby certify and return that I \(\subseteq \) have personally served, have legal evidence of service. have exon the individual, company, corporation, etc., at the address shown above or on the individual, company		
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	c named above (Sce remarks below)	
Name and title of individual served (if not shown above)	A person of sultable cretion then residing usual place of tabo	g in the defendant's
Address (complete only if different than shown above)	Date of Service of Time	AY 27 pm
	Signature of U.S. Mars	hab or Deputy
Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal or A	nount of Refund
REMARKS 63/11 (ST ind Cert mail 4 11.32)	costag - Sim	
1 Declare Under Penalty Of Perjury		
That The Foregoing Is True And Correct	·	
PRIOR EDITIONS 1/ CVERY OF THE COLIDA	FORM USM-	285 (Rev. 12/15/80)

Complete items 1, 2, and 3. Also corritem 4 if Restricted Delivery is desired. Print your name and address on the items of the this card to the back of the more on the front if space permits. Article Addressed to: Officer Richard Murphy St Matthews Police Dept 1813 Bridge Street St Matthews, SC 29135	A. Signature A.	Agent Addressee C. Date of Delivery
2. Article Number 7E	010 2780-0003%1177 7,515, *	11-476,
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540